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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:	Attorney Docket No. 2134 . 2006–001	
Assistant Commissioner for Patents	First Named Inventor Raymond J. Bergeron	, J1
Box Reissue	Original Patent Number 6,083,966	
Washington, DC 20231	Original Patent Issue Date (Month/DaylYear) July 4, 2000	
	Express Mail Label No. EJ094292897US	
APPLICATION FOR REISSUE OF: (Check applicable box) Utility Patent		
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS	
Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)	10. X Statement of status and support for all changes	
Applicant claims small entity status. See 37 CFR 1.27.	to the claims. See 37 CFR 1.173 (c). 11. Original U.S. Patent for surrender	
Specification and Claims in double column copy of patent	Ribboned Original Patent Grant	
format (amended, if appropriate) Drawing(s) (proposed amendments, if appropriate)	Statement of Loss (PTO/SB/55)	
X Reissue Oath/Declaration (original or copy)	12. Foreign Priority Claim (35 U.S.C. 119)	
. (37 C.F.R. § 1.175) (PTO/SB/51 or 52) 5. X Power of Attorney	(if applicable) Information Disclosure Copies of IDS	
Original U.S. Betast surrently engineed 2 X	Statement (IDS)/PTO-1449 Citations English Translation of Reissue Oath/Declaration	
. Onginal U.S. Patent currently assigned? Yes No (If Yes, check applicable box(es))	14. (if applicable)	
Written Consent of all Assignees (PTO/SB/53)		
37 C.F.R. § 3.73(b) Statement	15. Preliminary Amendment	
(PTO/SB/96)	16. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other: Notice of Change	
Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	of Correspondence	
a. Computer Readable Form (CFR)	Address	
b. Specification Sequence Listing on: i □ CD-ROM (2 copies) or CD-R (2 copies); or ii □ paper		
c. Statements verifying identity of above copies		
18. CORRESPONDENCE AD	DRESS	
Customer Number or Bar Code Label 0.21.005 (Insert Customer No. or Attach	or Correspondence address below bar code label here).	
Name Hamilton, Brook, Smith & Reyno	olds, P.C.	
Address		
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Country	MA Fax 978-341-0136	
USA Telephone	978-341-0036	
NAME (PnntType) Linda M. Chinn .	Registration No. (Attorney/Agent) 31,240	
Signature Linda M. Chisa	Date October 17, 2001	

PTO/SB/56 (02-01)
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REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional) 2134 • 2006 – 001				
			Cla	ims as	Filed - Parl	t 1					
Claims in		Number Filed in				nall Er	ntity		Other than a	Small Entity	
Patent			Application	Nun	nber Extra	Rate		Fee		Rate	Fee
(A) 30	Total Claims (37 CFR 1.16(j))	(B) 29		***	**** 0 =		=		or	x\$ <u>18</u> =	0
(C) 1	Independent claims (37 CFR 1.16(i))	(D)	6	*	5 =	×\$	=		Of	x \$ <u>84</u> =	420
Basic Fee (37 CFR 1.16(h)) \$ \$740											
Total Filing Fee										OR	\$1160
Claims as Amended - Part 2											
	(1)	1 1		mber	(3) Small		mall E	Entity		Other than	a Small Entity
	Claims Remaining After Amendment		Previous Paid Fo	ly	Claims Present	Ra	ate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j)	MINUS	**		* =	×\$	=		-	x \$	=
Independent Claims (37 CFR 1.16	(1))	MINUS	NUS *****		=	×\$	=			x\$	=
Total Additional Fee \$ OR \$											\$
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.											
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.											
*** After any cancellation of claims.											
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).											
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).											
Applicant claims small entity status. See 37 CFR 1.27.											
	arge Deposit Account Ne copy of this sheet is e						_ in th	e amoun	t of		*
The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-0380 A duplicate copy of this sheet is enclosed.											
XX A check in	the amount of \$ 11	60.00)	to co	over the filin	ıg / addi	tional f	fee is end	closed		
October 17, 2001 Date Signature of Applicant, Attorney or Agent of Record Linda M. Chinn Typed or printed name											
								Typed or	printe	ed name	

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PATENT APPLICATION DOCKET NO.: 2134.2006-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Raymond J. Bergeron, Jr.

Reissue of U. S. Patent No.: 6,083,966

Title:

THIAZOLINE ACID DERIVATIVES

Date: 10-17-01

EXPRESS MAIL LABEL NO. EJ094292 897US

NOTICE OF CHANGE OF CORRESPONDENCE ADDRESS

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Applicants' attorney is submitting herewith a Reissue of U.S. Patent No.: 6,083,966 including a Reissue Application Declaration by the Inventor for the above-referenced reissue application.

The declaration identifies the undersigned's former address. Please forward all correspondence to: Customer Number 021005, Hamilton, Brook, Smith & Reynolds, P.C., 530 Virginia Road, P.O. Box 9133, Concord, Massachusetts 01742-9133.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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Concord, MA 01742-9133 Date: October 17, 200/

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ANNOUNCEMENT

Please note that Hamilton, Brook, Smith & Reynolds, P.C., has relocated.

Effective immediately, our new postal address and contact numbers are as follows:

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